

215024950  
49924

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District	Agency Case No. B5-055717	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 06/22/2015		(In Military Time)		STATE USE ONLY  06/24/2015	
A/2	PLACE OF ACCIDENT	COUNTY	Lancaster	POLICE NOTIFIED	2349		
B	CITY	Lincoln		PRIVATE PROPERTY?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
C	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N 22nd		ONE-WAY STREET?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
4	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION						IF NOT AT INTERSECTION
2	NAME OF INTERSECTING ROADWAY			<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	1.00 X N EDGE OF 230 N 22 P LOT						
20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN						
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN		
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
1	VEHICLE NO. 1						
F	DRIVER LICENSE NO.	STATE (Of License)			SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
V1/N	DRIVER	PARKED UNOCCUPIED			PHONE	LOCAL NO.	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)		
G	OWNER	DEAN J SYLVESTER			PHONE 402-430-0610	LOCAL NO. B/M 08-19-1990	
1	OWNER ADDRESS	CITY, STATE, ZIP 4021 N 14TH ST, LINCOLN, NE 68521			CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> NO	CITATION NO.	
H	LICENSE PLATE PA NO.	SHW192	YEAR (Plate Expires)	2015	STATE (Of Plate)	NE	
V1/O	VEHICLE	2013	MAKE	Chevrolet	MODEL	CEO	
1	VEHICLE ID NO. (VIN)	1G1PH5SB9D7142372			COLOR	gold	
V2/O	TOWED TO	TOWED BY			ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 210		
I	VEHICLE NO. 2						
1	DRIVER LICENSE NO.	STATE (Of License)			SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
V1/P	DRIVER	PHONE			LOCAL NO.		
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)		
J	OWNER	PHONE			LOCAL NO.		
01	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="checkbox"/> PENDING <input type="checkbox"/> NO	CITATION NO.	
V1/Q	LICENSE PLATE NO.	YEAR (Plate Expires)			STATE (Of Plate)		
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	
01	VEHICLE ID NO. (VIN)	TOWED TO			TOWED BY	POLICY NO.	
K	Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F	
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-055717**

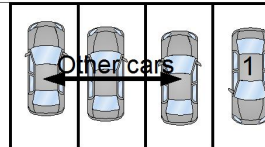


Indicate  
North  
by Arrow

No POI available.  
Owner 1 not able to remember  
where he was parked.



**230 N 22nd St**



*Not To Scale*

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Owner 1 reported that Vehicle 1 was parked in the lot backed in in an unknown stall at 230 N 22nd St when it was struck by an unknown vehicle or bicycle causing damage to the front driver side bumper. POI was not able to be determined due to the fact that the Owner 1 stated he did not remember where he was parked at in the lot. There was no visible paint transfer or any impact marks Vehicle 1. Vehicle had a crack approximately six (6) inches long on the front left side of the bumper and the molding was broken off on the underside as well. The damage to Vehicle 1 did not exceed a height of 18 inches. The damage was not impact damage, but tearing of the plastic panel. The damage appeared to have occurred due to Vehicle 1 being driven/backed over a curb or similar low profile obstruction. The physical evidence was contradictory to the statement of Owner 1.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>	
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>	
<b>WITNESSES</b>	NAME			ADDRESS		PHONE
	NAME			ADDRESS		PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		VEH 1		VEH 2		
1		X			PARKING LOT		POINT OF IMPACT	01	POINT OF IMPACT							ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
2							MOST DAMAGED AREA	01	MOST DAMAGED AREA							ALCOHOL LEVEL TESTED	Y	Y	Y
1	10				06 Turning left											BAC LEVEL			
2					08 Entering traffic lane											ALCOHOL/DRUGS SUSPECTED		Driver No. 1	Driver No. 2
					01 Essentially straight ahead		00 None		02 03 04		1 Deployed - front		1 None used - vehicle occupant		5		1 Neither alcohol nor drugs suspected		
					02 Backing		09 Top & windows		01 05		2 Deployed - side		2 Lap & shoulder belt used		2 Yes - alcohol suspected		2 Yes - drugs suspected		
					03 Changing lanes		10 Undercarriage		08 07 06		3 Deployed - both front/side		3 Shoulder belt only used		3 Yes - alcohol & drugs suspected		3 Unknown		
					04 Overtaking/Passing		11 Total (all areas)				4 Not deployed		4 Lap belt only used						
					05 Turning right		12 Other				5 Not applicable/No airbag available		5 Child safety seat used						
					13 Unknown						6 Unknown		6 Child booster seat used						
													7 DOT approved helmet used						
													8 Costume helmet used						
													9 Restraint use unknown						

OFFICER NO. <b>1651</b>	TROOP/TEAM/BEAT <b>7</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Andrew Vocasek</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Andrew Vocasek</b>	
DATE OF REPORT <b>06/24/2015</b>			